

Camrose Children's Centre  
 Child Information Update

<b>Date:</b>	
<b>Child's Full Name</b>	
AB Health Care #	
Doctor's Name	
Doctor Phone #	
<b>Mother's Name</b>	
Address legal land description	
Home Phone #	
Cell Phone #	
Employed by:	
Work Phone #	
<b>Father's Name</b>	
Address legal land description	
Home Phone #	
Cell Phone #	
Employed by:	
Work Phone #	
<b>With whom the child resides</b>	
<b>Emergency Information:</b>	
<b>Contact # 1 Name</b>	
Address – legal land description	
Phone / Cell #	
<b>Contact # 2 Name</b>	
Address – legal land description	
Phone / Cell #	
<b>Health Concerns:</b>	
Allergies	
Immunizations are up to date	
Hearing	
Speech	
Sight	
<b>Persons child can be released to:</b>	
<b>Email Address:</b>	
<b>Notes:</b>	

